

MARGIN RESERVED FOR BINDER
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. No. 2
100M-3-28-35

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 21 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35487

1. PLACE OF DEATH
 County St Louis Mo Registration District No. 789
 Township Central Primary Registration District No. 6033
 City St Louis Mo (No. 6518) Wells ave St. St Louis Mo (If nonresident, give city or town and State)
 2. FULL NAME Elizabeth Straper
 (a) Residence, No. 6518 Wells ave St. St Louis Mo Ward. _____
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 289
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>♀</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Straper</u> <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30-1867</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>2</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maxville Mo.</u>		
MOTHER FATHER	13. NAME <u>Conrad Glatt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Catherine Kerth</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Louise E. Johnston</u> <u>6518 Wells ave St Louis Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burgess Cemetery</u> DATE <u>Sept 24</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Fred Heiligtag</u> <u>1211 New York Ave</u>		
20. FILED <u>9-23-</u> 19 <u>36</u> <u>Ada Bachner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21st 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1936, to Sept 21, 1936
 I last saw her alive on Sept 21, 1936 Death is said to have occurred on the date stated above, at 4-10 a.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy stomach Date of onset _____
W
 Other contributory causes of importance:
Purpura anura

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Walla Brey, M. D.
 (Address) 640 S. Easton ave

Himmelfart mo

S.N. Bill Brown
6401 Coath Ave
Ev. 9907
12 to 2. P.M.